



## CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop: Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

on July 22, 2004.

Mary Meegan  
Mary Meegan

In Re Application of:

Variyam, et al.

Serial No.: 09/575,488

Filed: 05/19/00

Group Art Unit: 2857

Examiner: Wachsman, Hal D.

Docket No. 062004-1400

For: **Method For Testing Analog Circuits**

The following is a list of documents enclosed:

Return Postcard  
Amendment Transmittal Letter  
Third Response  
11 Pages of Replacement Drawings

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

**AMENDMENT TRANSMITTAL LETTER (SMALL)**Applicant(s): **Variyam, et al.**

Docket No.

**062004-1400**Serial No.  
**09/575,488**Filing Date  
**May 19, 2000**Examiner  
**Wachsman, Hal**Confirmation No.  
**1016**Group Art Unit  
**2857**Invention: **Method for Testing Analog Circuits****Commissioner for Patents  
Mail Stop Amendment  
P.O. Box 1450  
Alexandria VA 22313-1450**

Transmitted herewith is Third Response and Replacement Drawings in the above-identified application.

The fee has been calculated and is transmitted as shown below

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	16 -	28 =	0	X \$9.00	\$00.00
INDEP. CLAIMS	1 -	1 =	0	X \$43.00	\$00.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$145.00
EXTENSION FEE	1 <sup>ST</sup> MONTH <input type="checkbox"/> 55.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> 210.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> 475.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> 740.00	\$
Other Fees:					\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$00.00

- ☒ No additional fee is required.  
☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.  
☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.  
☐ A Credit Card Payment Form PTO-2038 is attached in the amount of \$ \_\_\_\_\_.  
☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

  
\_\_\_\_\_  
**David Rodack, Reg. No.: 47,034****7/22/04**  
\_\_\_\_\_  
Date